## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

## **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECT	TION A - PROPERTY	INFOR	RMATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's N						Policy Num	ber:
GEX		017-17					
A2. Building Street Add Box No. 219 NICHOLSON AVE	·	luding Apt., Unit, Suite	, and/o	or Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
	NOE			Cinia		ZID Codo	
City WAVELAND			· <u>· · · · · · · · · · · · · · · · · · </u>	State Mississippi		ZIP Code 39576	
A3. Property Description  Lot 6 and the East one-				=			
A4. Building Use (e.g.,	Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude:	: Lat. 30	-17-27.8	Long{	89-21-42.0	Horizontal Datum	i: 🔲 NAD 1	1927 🗵 NAD 1983
A6. Attach at least 2 ph	notograph	is of the building if the	Certific	cate is being used to	o obtain flood insura	ince.	
A7. Building Diagram N	lumber _	5					
A8. For a building with	a crawlsp	ace or enclosure(s):					
a) Square footage	of crawls	pace or enclosure(s)		0 sq ft			
b) Number of perm	nanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade0
c) Total net area of	f flood op	enings in A8.b0		sq in			
d) Engineered flood	d opening	gs? ☐ Yes ☒ No	)				
A9. For a building with a	an attach	ed garage:					
a) Square footage	of attache	ed garage0		sq ft			
b) Number of perm	nanent flo	od openings in the atta	ached ç	garage within 1.0 foo	ot above adjacent g	rade	0
c) Total net area of	f flood ope	enings in A9.b	0	sq in			•
d) Engineered flood	d opening	gs? Yes 🗵 No	)	•			
<b>***</b>	SEC	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Na				B2. County Name			B3. State
WAVELAND 285262	31110 to C.	THEOLOGY TEACHERS		HANCOCK			Mississippi
B4. Map/Panel B5. Number	. Suffix	B6. FIRM Index Date	E	RM Panel fective/	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
28045C0361D D		10/16/2009	10/16	evised Date /2009	AE	Floo 20	od Depth)
B10. Indicate the source	e of the B	ase Flood Elevation (F	3FE) da	ata or base flood de	pth entered in Item	B9:	
☐ FIS Profile 🗵	FIRM [	Community Determ	ined [	Other/Source:		<b></b>	
B11. Indicate elevation	datum us	ed for BFE in Item B9:	: 🔲 N	GVD 1929 ⊠ NA	VD 1988 🔲 Oth	ner/Source:	
B12. Is the building loca	ated in a (	Coastal Barrier Resour	rces Sy	rstem (CBRS) area	or Otherwise Prote	cted Area (C	PA)? ☐ Yes ☒ No
Designation Date:			BRS	□ ОРА			

IMPORTANT: In these spaces, copy the corresponding	information from Sec	ction A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or 219 NICHOLSON AVENUE	Bldg. No.) or P.O. Rou	ite and Box No.	Policy Number:
City State WAVELAND Miss	te ZIP sissippi 395	Code 76	Company NAIC Number
SECTION C – BUILDING ELE	EVATION INFORMAT	TION (SURVEY RE	EQUIRED)
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when co  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the build Benchmark Utilized: COE30  Indicate elevation datum used for the elevations in ite  NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same  a) Top of bottom floor (including basement, crawlspane)  b) Top of the next higher floor  c) Bottom of the lowest horizontal structural members d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Common f) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building	n Drawings* Building Drawings Building VE, V1–V30, V (with Bling diagram specified in Wertical Datum: ems a) through h) below bource:  a as that used for the Blace, or enclosure floor)  ar (V Zones only)  bricing the building ments)  (LAG)  (HAG)	ding Under Construing is complete. FE), AR, AR/A, AR/A, in Item A7. In Puerto NAVD 1988 w.  FE.  22. 5  N/A  N/A  N/A  22. 1  15. 6	Check the measurement used.  Meters  Seet meters  Check the measurement used.  Meters  Meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck structural support</li> </ul>	or stairs, including	N/A	X feet  meters
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice	my best efforts to interp der 18 U.S. Code, Sect	pret the data availar tion 1001.	law to certify elevation information.  ble. I understand that any false  Check here if attachments.
Certifier's Name JASON P. CHINICHE  Title PROJECT MANAGER  Company Name JAMES J. CHINICHE, PA, INC.  Address 412 HWY. 90, SUITE 2  City BAY ST. LOUIS  Signature  Copy all pages of this Elevation Certificate and all attachment Comments (including type of equipment and location, per of NOTE: The description in A3. above is for information only map in section B4. Recommend verification of (BFE) by location of the properties o	C2(e), if applicable)	ilding location. The e flood zone is dete	Base Flood Elevation (BFE) is per ermined by graphic plotting only.
Section C2.e) Equipment is an A/C condenser on right rea	г аеск.		

		Expiration bate. No tember 65, 25 to
IMPORTANT: In these spaces, copy the corresponding informa	tion from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No 219 NICHOLSON AVENUE	o.) or P.O. Route and Box No.	Policy Number:
City State	ZIP Code	Company NAIC Number
WAVELAND Mississippi	39576	
SECTION E – BUILDING ELEVATION I FOR ZONE AO AND 2	NFORMATION (SURVEY NO ZONE A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Complete Sections A, B,and C. For Items E1–E4, use natural grade enter meters.	Certificate is intended to support , if available. Check the measu	a LOMA or LOMR-F request, rement used. In Puerto Rico only,
E1. Provide elevation information for the following and check the a the highest adjacent grade (HAG) and the lowest adjacent grade a) Top of bottom floor (including basement,		ner the elevation is above or below
crawlspace, or enclosure) is  b) Top of bottom floor (including basement,		ers above or below the HAG.
crawlspace, or enclosure) is		ers above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings prov the next higher floor (elevation C2.b in the diagrams) of the building is	vided in Section A Items 8 and/o	
the diagrams) or the building is	X feet   met	<del></del>
E4. Top of platform of machinery and/or equipment servicing the building is		
E5. Zone AO only: If no flood depth number is available, is the top floodplain management ordinance?   Yes No U	of the bottom floor elevated in a	accordance with the community's
SECTION F PROPERTY OWNER (OR OV	VNER'S REPRESENTATIVE) (	CERTIFICATION
The property owner or owner's authorized representative who comp community-issued BFE) or Zone AO must sign here. The statement	oletes Sections A, B, and E for Z is in Sections A, B, and E are or	Zone A (without a FEMA-issued or prrect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name		
Address	City S	State ZIP Code
Signature	Date T	elephone
Comments		
	•	
		•
		Check here if attachments.

IMPORTANT: In these spaces, copy the corr			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S 219 NICHOLSON AVENUE	iuite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number
SECTION	ON G - COMMUNITY IN	FORMATION (OPTIONA	_)
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete th	e community's floodplain r le applicable item(s) and s	management ordinance can complete ign below. Check the measurement
G1. The information in Section C was taken engineer, or architect who is authorized data in the Comments area below.)			I and sealed by a licensed surveyor, the source and date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a building locate	ed in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for con	nmunity floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Issue	d · G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fe	eet 🗌 meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	eet meters Datum
G10. Community's design flood elevation:		fe	eet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and loa	cation, per C2(e), if applie	cable)	
			Check here if attachments.

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	y the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including A 219 NICHOLSON AVENUE	pt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	1

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

#### Photo One Caption FRONT VIEW 05/03/2017



Photo Two

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

## **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SEC	TION A - PROPERTY	INFOR	RMATION		FOR INSUF	RANCE COMPANY USE
A1. Building Owne						Policy Num	ber:
GEX		016-205(A)					
A2. Building Stree Box No.	t Address (inc	cluding Apt., Unit, Suite	e, and/o	or Bldg. No.) or P.O.	. Route and	Company N	IAIC Number:
219 NICHOLSON	AVENUE				-		
City				State		ZIP Code	
WAVELAND				Mississippi		39576	
		nd Block Numbers, Ta		•		_	
		ot 7, Block One of the		······································			
<u>-</u>	•	tial, Non-Residential, /					press,
•	-	)-17-27.8	_				1927 × NAD 1983
		hs of the building if the	: Certific	cate is being used to	o obtain flood insura	ince.	
A7. Building Diagra	am Number <sub>.</sub>	5					
A8. For a building	with a crawls <sub>l</sub>	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	ood openings in the cra	awlspac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gra	ade 0
c) Total net ar	ea of flood op	enings in A8.b(	)	sq in			
d) Engineered	flood openin	gs? □ Yes ⊠ N	0				
A9. For a building v							
		_		n			
		ed garage 0	·····				_
		ood openings in the att		garage within 1.0 to	ot above adjacent g	rade	0
c) Total net an	ea of flood op	enings in A9.b	0	sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 N	lo				
	05		1011D A	NOT DATE MAD	(MIDAA) INCODAA	T:0N	
DA NEID O		CTION B – FLOOD II	VSURA	T	······································	TION	DO OLL
B1. NFIP Communi WAVELAND 28526	•	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
			·		<u></u>		тисовозрру
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. F	IRM Panel ffective/	B8. Flood Zone(s)	B9. Bas	se Flood Elevation(s) ne AO, use Base
28045C0361D	D	10/16/2009	R	evised Date 5/2009	AE	Floo	od Depth)
28043003010		10/10/2009	10/10	#200 <del>0</del>	AC		
B10 Indicate the s	ource of the F	Base Flood Elevation (	RFF) d	ata or base flood de	enth entered in Item	R9-	
		Community Determ			pur cinorea ii iii	<b>.</b>	
_		<del></del>				-	
B11. Indicate eleva	ition datum us	sed for BFE in Item B9	): [ ] N	GVD 1929   <u>×</u> ] NA	√D 1988 ∐ Otr	ner/Source:	
B12. Is the building	j located in a	Coastal Barrier Resou	arces Sy	ystem (CBRS) area	or Otherwise Prote	cted Area (C	DPA)? ☐ Yes ☒ No
Designation D	Date:		CBRS	□ OPA			

INTOOD TANTE In these change cany the corresponding	information from Co.	ation A	FOR INSURANCE COMPANY USE
IMPORTANT: In these spaces, copy the corresponding			Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or 219 NICHOLSON AVENUE			•
City Sta WAVELAND Mis	te ZIP sissippi 395	Code 76	Company NAIC Number
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RE	EQUIRED)
C1. Building elevations are based on:   Construction	on Drawings* ဩ Buil	ding Under Constru	iction* Finished Construction
*A new Elevation Certificate will be required when co		•	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build	VE, V1–V30, V (with B ding diagram specified	FE), AR, AR/A, AR/ in Item A7. In Puert	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.
Benchmark Utilized: COE30	Vertical Datum:	NAVD 1988	
Indicate elevation datum used for the elevations in it	ems a) through h) belo	w.	
☐ NGVD 1929 🗵 NAVD 1988 🔲 Other/S			
Datum used for building elevations must be the sam	e as that used for the E	BFE.	Check the measurement used.
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor	22, 5	🔀 feet 🔲 meters
b) Top of the next higher floor		N/A,	X feet  meters
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A,	
d) Attached garage (top of slab)	, , , , , , , , , , , , , , , , , , , ,	N/A	X feet  meters
e) Lowest elevation of machinery or equipment serv	vicina the buildina	N/A	X feet  meters
(Describe type of equipment and location in Com	ments)	45	
<ul> <li>f) Lowest adjacent (finished) grade next to building</li> </ul>	(LAG)	<u>15</u> , <u>6</u>	X feet  meters
<li>g) Highest adjacent (finished) grade next to building</li>	(HAG)	<u> </u>	× feet
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	k or stairs, including	N/A,	X feet  meters
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inter	pret the data availa	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A provided by a lic			Check here if attachments.
Certifier's Name	License Number	,	ALLE MARKET
JASON P. CHINICHE	P.E. 19732		BON P. C.
Title PROJECT MANAGER			SCENSED PROATE
Company Name JAMES J. CHINICHE, PA, INC.			Seal A
Address 412 HWY. 90, SUITE 2			A STATE OF THE STA
City BAY ST. LOUIS	State Mississippi	ZIP Code 39520	MISSISS III
Signature	Date 12/14/2016	Telephone (228) 464-6755	
Copy all pages of this Elevation Certificate and all attachme		•	agent/company and (3) building owner
		itolal, (2) instraince a	genreompany, and (a) building owner.
Comments (including type of equipment and location, per NOTE: The description in A3. above is for information onl map in section B4. Recommend verification of (BFE) by location of the comment is responsible for coordinating this certificate with	y & not to certify the bu ocal building official. Th	e flood zone is dete	ermined by graphic plotting only.

IMPORTANT: In these spaces, copy the correspond			i	FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and 219 NICHOLSON AVENUE	d/or Bldg, No.) or	P.O. Route and I	Зох No.	Policy Numbe	r'. 
•	State Mississippi	ZIP Code 39576		Company NA	C Number
SECTION E – BUILDING EL FOR ZON	EVATION INFO E AO AND ZON			REQUIRED)	
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B, and C. For Items E1–E4, use r enter meters.					
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement,	check the appropadjacent grade (L	priate boxes to sh AG).	ow whethe	r the elevation i	is above or below
crawlspace, or enclosure) is		🗵 fee	t 🗌 meter	s 🗌 above o	or Delow the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		X fee	t 🗌 meter	s 🗌 above o	or Delow the LAG.
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided		ns 8 and/or t 🔲 meter		-2 of Instructions),
E3. Attached garage (top of slab) is	4	_	t 🗌 meter	<del>"</del>	or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			—		or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes		e bottom floor ele	vated in acc	cordance with t	he community's
SECTION F - PROPERTY OW	NER (OR OWNE	R'S REPRESENT	ATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The community-issued BFE is a community-issued BFE is a community-issued BFE.	e who completes	s Sections A, B, a Sections A, B, an	nd E for Zo d E are corr	ne A (without a rect to the best	FEMA-issued or of my knowledge.
Properly Owner or Owner's Authorized Representative	s Name				
Address	(	City	Sta	ate	ZIP Code  ▼
Signature	Г	Date	Tel	lephone	· · ·
Comments					
				Check	here if attachments.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 219 NICHOLSON AVENUE City State ZIP Code Company NAIC Number WAVELAND Mississippi 39576 SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4-G10) is provided for community floodplain management purposes. G6. Date Certificate of G4. Permit Number G5. Date Permit Issued Compliance/Occupancy Issued G7. This permit has been issued for: □ New Construction Substantial Improvement Elevation of as-built lowest floor (including basement) ☐ feet ☐ meters Datum of the building: feet meters Datum G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters G10. Community's design flood elevation: Datum Local Official's Name Title Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable) Check here if attachments.

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	py the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including 219 NICHOLSON AVENUE	Apt., Unit, Suite, and/or Bldg. No.) o	P.O. Route and Box No.	Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW 12/14/2016

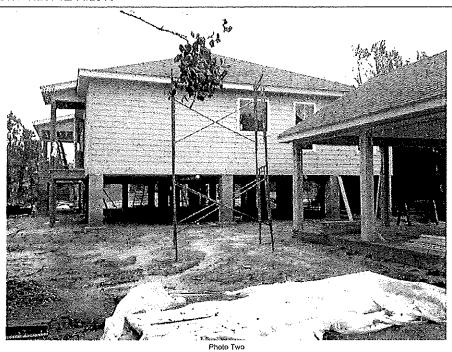


Photo Two Caption REAR VIEW 12/14/2016

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008

National Flood Insurance Program Important: Read the instructions on pages 1–9.	Expiration Date: July 31, 2015
SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name Lucien M Gex III	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  219 Nicholson Ave	Company NAIC Number:
City Waveland State MS ZIP Code 39576	Market Berline
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PIDN 20118107.000	- A
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number 5  A8. For a building with a crawlspace or enclosure(s):  A9. For a building with an atta  A9. For a building with an atta  A9. Square footage of crawlspace or enclosure(s)  A9. For a building with an atta	ached garage <u>N/A</u> sq ft t flood openings in the attached garage adjacent grade <u>N/A</u> I openings in A9.b <u>N/A</u> sq in
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATIO	DN
B1. NFIP Community Name & Community Number City of Waveland 285262  B2. County Name Hancock	B3. State Mississippi
B4. Map/Panel Number 28045C0361 B5. Suffix D Cct 16, 2009 B7. FIRM Panel Effective/Revised Date Oct 16, 2009 AE B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
FIS Profile	☐ Yes ⊠ No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUI	RED)
C1. Building elevations are based on:  ☐ Construction Drawings* ☐ Building Under Construction*  *A new Elevation Certificate will be required when construction of the building is complete.  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/A below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: GPS	Other/Source:
	k the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  b) Top of the next higher floor  N/A	☐ feet ☐ meters ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)  N/A	☑ feet ☐ meters
d) Attached garage (top of slab) N/A	⊠ feet ☐ meters
e) Lowest elevation of machinery or equipment servicing the building 21.0  (Describe type of equipment and location in Comments)	☑ feet ☐ meters
f) Lowest adjacent (finished) grade next to building (LAG) 14.5	☑ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG) 15.4	⊠ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 15.0	☐ feet ☐ meters
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	ON
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleva information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  ☐ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by ☐ Check here if attachments. ☐ No	D. PITTS
Certifier's Name Paul D. Pitts, Jr. PLS., CFM. License Number 3069	
Title Prof. Land Surveyor Company Name Compton Engineering	_ E Lawsussyc is
Address 1706 Convent Ave. City Pascagoula State MS ZIP Code 39567	- Think is selled
Signature Date 27 (Jr. 70) Telephone 228-762-3970	WISS, WILL

ELEVATION CERTIFICATE, pa				
	ppy the corresponding Information from			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., <b>219 Nicholson Ave</b>	Unit, Suite, and/or Bldg. No.) or P.O. Route and	Box No.		Policy Number:
City Waveland	State MS	ZIP Code 39	576	Company NAIC Number:
SECTION I	D – SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTII	FICATION (C	ONTINUED)
Copy both sides of this Elevation Certific	cate for (1) community official, (2) insurance age	nt/company, a	nd (3) building (	owner.
Comments TBM PK w/shiner in CL	of Nicholson. Elevation= 15.82 Geoid 12B	, City of Wa	veland has a	1' Freeboard requirement.
Sand Joeth.	22 Nue 2015 Date			
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NOT R	EQUIRED) F	OR ZONE AC	O AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), cor and C. For Items E1–E4, use natural green and C1. Provide elevation for (including by Top of bottom floor (including by Top of bottom floor (including by C1) and C2. For Building Diagrams 6–9 with provided (including by C1) and C1. For Building Diagrams 6–9 with provided (including by C1) and C1. In the diagrams of C1. In the diagram	mplete Items E1–E5. If the Certificate is intender rade, if available. Check the measurement used the following and check the appropriate boxes to cent grade (LAG).  Deasement, crawlspace, or enclosure) is	d to support a L In Puerto Ricco show whether fetems 8 and/or eters debow feet feet elevated in ac formation in See  REPRESENT	LOMA or LOMR of only, enter me the elevation is et	R-F request, complete Sections A, B, eters. Is above or below the highest adjacent above or below the HAG. I above or below the LAG. I above or below the LAG. I above or below the LAG. I above or below the HAG. I above or belo
Comments				☐ <u>Check here if attachments.</u>
	SECTION G - COMMUNITY INFOR			
The local official who is authorized by law of this Elevation Certificate. Complete the	or ordinance to administer the community's flood applicable item(s) and sign below. Check the meaning the community is flood.	olain managem asurement used	ent ordinance c i in Items G8–C	an complete Sections A, B, C (or E), and G 310. In Puerto Rico only, enter meters.
is authorized by law to certify e	ras taken from other documentation that has bee elevation information. (Indicate the source and d d Section E for a building located in Zone A (with	ate of the eleva	ation data in the	e Comments area below.)
	ns G4–G10) is provided for community floodplair			mily located by an action to
G4. Permit Number	G5. Date Permit Issued			ompliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Im	provement		
G8. Elevation of as-built lowest floor (in		_ 🔲 feet	☐ meters	Datum
G9. BFE or (in Zone AO) depth of flood		_   feet	meters	Datum
G10. Community's design flood elevation	n:·	_	☐ meters	Datum
Local Official's Name	Ti	lle		
Community Name	Te	lephone		
Signature	Da	ate		
Comments				

#### **ELEVATION CERTIFICATE**, page 3

## **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

219 Nicholson Ave

City Waveland

State MS ZIP Code 39576

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Front View Photo taken 12/09/2015



Rear View Photo taken 12/09/2015 Job No. 215-003-016

2017 7141
Recorded in the Above
Deed Book & Page
06-28-2017 10:46:18 AM
Timothy A Kellar
Hancock County
NONCONVERSION AGREEMENT

# WAVELAND

# NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 28+ day of June (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having and address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucien M-Gex, To (OWNER) having an address at 319 by Lucie
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 219 Nicholson Care In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161 C-0-02-165 000 WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 183 98 WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.  UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:  1. The structure or part thereof to which these conditions apply is:  2. At this site, the Base Flood Elevation is 100 Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or
conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.  UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:  1. The structure or part thereof to which these conditions apply is:  2. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.  3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or
<ol> <li>The structure or part thereof to which these conditions apply is:</li> <li>At this site, the Base Flood Elevation is  feet above mean sea level, National Geodetic Vertical Datum.</li> <li>Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or</li> </ol>
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access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or
Base Flood Elevation.
<ol> <li>The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.</li> </ol>
<ol> <li>The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.</li> </ol>
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:  In witness whereof the undersigned set their hands and seals this day of the
Owner  Ow

6/28/2017 REAL PROPERTY APPRAISAL MASTER FILE INQUIRY 10:36:18 State ID: 161C-0-02-165.000 ACCOUNT # 334 YEAR APPRAISED:ACREAGE TAX MTG REC JUD EXMPT
MAP PARCEL SCT QTR TWN RNG DEEDED CALCULATED DIST CODE LOC DST CODE O2 09 14W 1450 0
Taxable: 02 09 14W BEAT: 2 CITY: 2 SCHOOL: 1 SPECIAL: 0
OWNER CODE:
OWNER NAME: GEX LUCIEN M III
IN CARE OF: LAST UPDATED Date: 7/11/2013
IN CARE OF:  MAILING ADDR.: 73670 DIAMONDHEAD DR N  CLTY (STATE (7ID: DIAMONDHEAD DR N)  DIAMONDHEAD MS 20525
CITY/STATE/ZIP: DIAMONDHEAD MS 39323
PROPERTY STR ADDR: No. 219 Name: NICHOLSON AVE
Contact: Town:
BRIEF DESCR: 6 & E 1/2 OF 7A BLK 1 E W ULMA N SUB
SUBDIVISION: BLOCK: LOT#: LOT SIZE:
ZONED:
DATE BOOK PAGE DATE BOOK PAGE DATE BOOK PAGE
DEED INFO: <u>4/07/2011</u> <u>2011</u> <u>4620</u> <u>1/28/2008</u> <u>2008</u> <u>2572</u> <u>8/24/2005</u> <u>2005</u> <u>7258</u>
3/10/2004 BB279 451 2/18/1987 BB14 54
CD BENEFIT CD BENEFIT CD BENEFIT CD BENEFIT
SPL:
F1 - Deeds F4 - View Entire Legal F6 - Land Info F7 - Building Info
F8 - Homestead F12 - Exit F15 - Print PRC F20 - View Images

2017 7142 Deed Book & Page



Hancock County
I certify this instrument was filed on
06-28-2017 10:46:18 AM
and recorded in Deed Book
2017 at pages 7141 - 7142
Timothy A Kella
Caniels